



**The Ottawa | L'Hôpital  
Hospital | d'Ottawa**

**The Ottawa Hospital  
Training Programs in Clinical Psychology  
and  
Neuropsychology**

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## **The Ottawa Hospital Training Programs in Clinical Psychology and Neuropsychology**

The Ottawa Hospital Training Programs are housed at the General Campus, the Civic Campus, and The Rehabilitation Centre of The Ottawa Hospital. The Ottawa Hospital Training Programs in clinical and in neuropsychology are accredited by the Canadian Psychological Association (CPA) as Clinical Psychology and as Neuropsychology predoctoral clinical internships, until 2013.

### ***Ottawa and its vicinity***

Ottawa is the nation's capital and home to Canada's federal government. Metropolitan Ottawa has a population of approximately 1,000,000 and is located on the border of Quebec. The Ottawa River borders Ottawa, and the city has the Rideau River and the Rideau Canal. The Gatineau Hills are about 20 minutes drive from downtown Ottawa, along with the Gatineau Park, lakes and ski resorts in Quebec. Ottawa is famous for the number of parks within the city, outdoor activities, festivals and concerts such as Winterlude, Canada Day, and the Jazz Festival. There are two universities, Carleton University and University of Ottawa, and a number of museums (e.g., Science and Technology, Canadian Museum of Civilization, Canadian Aviation Museum). There is also the National Gallery of Canada, the National Arts Centre, and the National Library.

### ***The Ottawa Hospital***

The Ottawa Hospital (TOH) is a bilingual, 950-bed tertiary acute care facility in the nation's capital. As a nationally recognized academic health sciences facility, TOH offers a range of inpatient and outpatient health care services to adults. Services are offered at the Riverside, Civic (including the Heart Institute) and General Campuses (including the Rehabilitation Centre). The General Campus is a site interconnected with the University of Ottawa Health Sciences Centre and Children's Hospital of Eastern Ontario. As a teaching hospital, education, training and research are part of TOH's mandate.

### ***Psychology at TOH***

Psychology has a long tradition at TOH within both the General and Civic Campuses and at The Rehabilitation Centre. Because of their distinct histories, the organization of Psychology has evolved differently within the sites of the now larger Hospital.

At the General and Civic Campuses Psychology is organized into three service delivery areas: Mental Health, Health Psychology, and Neuropsychology. In practice, these sections are interrelated components of psychological service provision and training. Psychology provides inpatient and outpatient assessment, treatment, and consultation services. Specific departments, programs and specialized clinics that are served include Neurology, Psychiatry, Cardiology, Maternal Fetal Medicine, Infectious Diseases, Oncology, Immunodeficiency Clinic, and others. In addition, Psychology maintains active research programs and collaborates on a number of interdisciplinary research projects.

The Rehabilitation Centre (TRC) offers services to adults who have a chronic illness or physical disability requiring rehabilitation. TRC has 62 inpatient beds and extensive outpatient services, offered to both individuals and families. Clinical services are offered across three clinical Care Streams: Acquired Brain Injury, Neuromuscular and Locomotor which are designed to be oriented towards functional needs. The main populations served on the Neurocognitive Care Stream have acquired brain injuries. Those seen on the Neuromuscular service include patients with spinal cord injury, multiple sclerosis, cerebral palsy, and spina bifida. The Locomotor Care Stream serves individuals with amputations, chronic pain, respiratory disorders, and multiple traumas. Each of the three clinical Care Streams includes services involving an interdisciplinary team with at least one member from Psychology. As the mental health profession within TRC, Psychology provides assessment, individual and group treatment, and consultation to inpatients and outpatients. Psychology also contributes to interdisciplinary research projects and as well as ongoing program development and evaluation initiatives.

Psychology staff at TOH includes 36 psychologists (26 full-time and 10 part-time), two psychological associates and three psychometrists (two part-time). In addition there are post-doctoral fellows affiliated with the department. Staff is represented by the Chief of Psychology and staff maintain cohesion through training activities, research, meetings, shared rounds, and social functions. The Training Committee is representative of the psychology training opportunities and sites at the Ottawa Hospital.

### ***Training Programs***

Professional training is one of the mandates of TOH. The training priority of Psychology at TOH is the full-time predoctoral internship. The Ottawa Hospital Clinical Training Programs in Psychology provide generalist predoctoral training in health care psychology to prepare interns for autonomous practice as professional psychologists. Staff at TOH are committed to the scientist-practitioner model and strongly believe that the consumption and practice of research promotes clinical excellence, and that clinical practice informs scientific endeavours. The programs draw on the diverse and specialized clinical opportunities afforded by a nationally recognized tertiary care setting. Interns gain experience in assessment, intervention, consultation, program development and evaluation, teaching, and research within the specialized clinical units served by Psychology. Emphasis is placed on personal development and professional socialization to facilitate effective interaction with other psychologists, health care professionals and, particularly, interdisciplinary teams.

The goals of the clinical training programs can be summarized as follows:

1. To train interns in competent clinical practice and clinical self reflection;
2. To train interns to be ethically responsible psychologists who are aware of ethical principles, practice guidelines, and are able to engage in sound ethical reasoning;
3. To train interns who are sensitive to cultural and individual differences, especially in the context of their work as psychologists;
4. To provide clinical training on interdisciplinary team(s) and to gain experience in the unique role played by psychologists on interdisciplinary team(s);
5. To expose interns to clinical research in an institutional setting and to have research inform their practice;
6. To provide a respectful and collegial training atmosphere and to foster a professional identity as a psychologist.

The core curriculum of the training program is made up of clinical rotation experiences, a long-term individual psychotherapy case, a group therapy experience, seminar series, individual and professional practice meetings, and clinical research. This provides interns with a breadth of experience and training as clinical psychologists. Interns are also encouraged to express specific interests (e.g., supervision of practicum students, teaching) and training needs so that these may be accommodated wherever possible.

The training program offers five full-time, twelve-month internship positions: four in Clinical Psychology and one in Neuropsychology. Interns apply for and are accepted in one of three Tracks:

1. Mental Health – Rehabilitation Psychology (2 positions)
2. Health Psychology – Rehabilitation Psychology (2 positions)
3. Neuropsychology (1 position)

Each Track has its own APPIC number. Applicants may apply to more than one Track but a separate and complete application must be submitted for **each** of the Tracks to which an application is made.

**Regardless of track or rotation, interns participate in a number of core experiences that ensure a broad-based generalist training. Core experiences include: psychodiagnostics, individual and group therapy, a long term case, clinical research or program evaluation project, case presentations, professional practice meetings and seminar series.**

# I. Predoctoral Internship in Clinical Psychology

Interns in the Clinical Psychology internship spend 6 months in either a Mental Health or Health Psychology rotation and 6 months in a Rehabilitation Psychology rotation.

Thus, two Tracks are available within the Clinical Psychology internship: 1) Mental Health – Rehabilitation Psychology; and 2) Health Psychology – Rehabilitation Psychology. A variety of Services, clinical opportunities and supervisors are available within each of the six-month rotations, **all of which provide training in mental health.**

Interns spend approximately 3.5 days/week with their rotation and 1.5 days/ week with their long term core experiences (individual and group therapy, research, and seminars). An example of a clinical psychology intern’s typical weekly schedule is provided in Appendix 1. Applications are made to either Track 1 or Track 2. Applicants may apply to more than one Track but a separate and complete application must be submitted for **each** of the Tracks to which an application is made.

## Track 1 Mental Health -- Rehabilitation Psychology (2 Positions Available)

September-February*	March-August
<b>Mental Health</b>	<b>Rehabilitation Psychology</b>
<b>Psychodiagnostics</b>	
<b>Core Experiences**</b>	

## Track 2 Health Psychology -- Rehabilitation Psychology (2 Positions Available)

September-February*	March-August
<b>Health Psychology</b>	<b>Rehabilitation Psychology</b>
<b>Psychodiagnostics</b>	
<b>Core Experiences**</b>	

\* Rotation is as it appears for one intern and the reverse for the other intern in the Track

\*\* Group; seminars; long-term therapy case; research/program evaluation; professional practice meetings

The clinical rotations within each of the Tracks are described below in terms of psychodiagnostic assessment, intervention, interdisciplinary consultation and teaching components.

### Mental Health

In the Mental Health Rotation, psychological services are provided to: the Eating Disorders Program (EDP) at the General Campus, “On Track” – the Champlain District Regional First Episode Psychosis Program (CDRFEPP) at the Bank Street offices, Outpatient Urgent Care Clinic and Inpatient Psychiatry at both the General and Civic Campuses, and Shared Mental Health Care (SHARE). The services provided include individual and group psychotherapy, consultation to other professionals, crisis intervention, and psychological assessment with an emphasis on case formulation. The Mental

Health Rotation is staffed by seven full-time psychologists, and three part-time psychologists. Interns will choose two, 3-month core rotational experiences in EDP, CDRFEPP, UCC/Inpatient (Civic Campus), or SHARE/Inpatient (General campus). However, due to the overlap in clinical services, interns' mental health rotations will not include both however the UCC / Inpatients (Civic campus) and SHARE / Inpatients (General campus) rotations. Appendix 2 depicts the rotations experiences. A detailed description is also provided in the text below.

<b>Program</b>	<b>Psychology Staff</b>
Inpatient Psychiatry (Civic)	Dr. Lorraine Overduin
Outpatient Urgent Care Clinic (UCC, Civic)	Dr. Rozen Alex
On Track/CDRFEPP	Dr. Gretchen Conrad
On Track/CDRFEPP	Dr. Paul Mendella
Shared Mental Health Care Program (SHARE)	Dr. Pamela Cooper
Eating Disorders (EDP)	Position vacant
Eating Disorders (EDP)	Dr. Natasha Demidenko
Eating Disorders (EDP)	Dr. George Tasca
Inpatient Psychiatry (General)	Dr. Ivan Valdivia
Outpatient Urgent Care Clinic (UCC, General)	Dr. Natasha Ballen (Supervised Practice)

*Eating Disorders Program Rotation:*

In EDP, interns complete structured diagnostic intake interviews for patients entering the program. Interns are also trained in the interpretation of instruments such as the PAI, the EDI-3, and other measures related to attachment style and to eating disorders for patients entering the intensive day hospital program. Patients often present with many co-morbid diagnoses, including depression, anxiety disorders, substance abuse, significant childhood trauma, as well as Axis II diagnoses). The EDP Day Hospital is a group based day program for eight patients with moderate to severe eating disorders. Interns attend group therapy sessions, and psycho-education groups, all of which are conducted in an interdisciplinary context. Interns participate in weekly interdisciplinary team rounds with detailed WEB (Weekly Eating Behavior) feedback provided to the patients each week. Time limited CBT group therapy opportunities are possible in the EDP outpatient program, as are additional group experiences, such as meal supervision. Individual therapy cases are optional based on time and interest of the intern.

*On Track/First Episode Program Rotation:*

The intern will conduct psychodiagnostic assessments for patients referred to the CDRFEPP. The intern learns to integrate test data into a comprehensive case formulation from the Rorschach (Exner Comprehensive System), PAI, MMPI-2, SCID, PANS, and WAIS-III among others. Hence, interns may assess those who have experienced a psychotic episode or other serious psychiatric presentation. Feedback is provided to the patient, as well as to the interdisciplinary team. In the CDRFEPP program, interns may participate in group-based interventions, and there are opportunities for individual therapy, as well as family and public education sessions on psychosis. Additional experiences may include exposure to neuropsychological testing within this population.

*UCC / Inpatient (Civic campus) Rotation:*

The intern will conduct psychodiagnostic assessments for patients referred to the Urgent Care Clinic or inpatient unit. The intern learns to integrate test data into a comprehensive case formulation from the Rorschach (Exner Comprehensive System), PAI, MMPI-2, and WAIS-III among others, and interns attend weekly inpatient rounds. In the outpatient Urgent Care Clinic, interns are involved in brief crisis intervention and brief individual psychotherapy of psychiatric outpatients. There is also an opportunity to have weekly exposure to a Dialectical Behaviour Therapy group.

*SHARE/Inpatients (General campus) Rotation:*

The intern will conduct psychodiagnostic assessments for patients referred to the inpatient unit or SHARE. The intern learns to integrate test data into a comprehensive case formulation from the Rorschach (Exner Comprehensive System), PAI, MMPI-2, and WAIS-III among others. In the SHARE program, interns may be involved in short term interventions with patients referred for mental health problems by their family physicians. There is also an opportunity to participate in group based interventions (CBT) for anxiety and depression or for coping with chronic illness. Interns participate in consultation to the SHARE team or in consultation liaison rounds in psychiatry.

*Psychodiagnostic Assessment Component:* Psychodiagnostic assessments are done through the EDP, the CDRFEPP, the Inpatient Program, the Urgent Care Clinic and SHARE. All psychodiagnostic assessment involves providing feedback to the patient and consultation with other disciplines in terms of diagnosis and treatment planning.

*Interdisciplinary Consultation Component:* In all cases, interns provide feedback to the interdisciplinary team with recommendations for treatment and management. Teams include psychiatrists, nurses, occupational therapists, social workers, nutritionists, and pharmacists, among others. Interns may also work with an interdisciplinary Consultation Liaison service, in which they interact with psychiatrists, physicians, medical residents, and medical students.

*Intervention Component:* Each rotation involves an intervention component, with an emphasis on exposure to various types of group psychotherapy, as well as short-term psychotherapy with a mix of both inpatients and outpatients. Psychotherapy experience is provided from a range of theoretical perspectives (e.g. CBT, interpersonal process, psychodynamic, attachment, existential/ humanistic), with an emphasis on empirically validated treatments.

*Teaching Component:* Interns may present one or two education group sessions to patients in the intensive day hospital of the EDP. The CDRFEPP program offers education sessions to families and the public on psychosis, and interns may participate in these as well. Interns also have opportunities to participate in staff education sessions within the SHARE program. Interns may have the opportunity to supervise practicum students.

## Health Psychology

The approach of the Health Psychology rotation is to ensure that interns receive a comprehensive training experience including an equal distribution of time allocated to assessment and psychotherapy. The Health Psychology rotation includes a range and breadth of experience and, depending on staff resources and interns' experience, the rotation is tailored to meet the specific interests and training needs of the interns. Interns select two rotation experiences (1-1.5 days), all of which include assessment, psychotherapy, and interdisciplinary consultation and rounds. Interns may also choose 1 to 2 rotation exposure experiences, which comprise a short term group (sleep or HCV) or 2 individual therapy cases (.5 day).

For example:

- 2 main rotation experiences (1.5 days in HIV and 1.5 days in HCV) and an exposure experience (co-facilitating a sleep group .5 days).
- 2 main rotation experiences (1 day in MFM and 1 day in GO) and 2 exposure experiences (1-2 individual patients in HIV and sleep).
- 2 main rotation experiences and no exposure experiences (2 days HIV and 1.5 days sleep)

The table delineates the possible rotation experiences and exposures that can be grouped together to create the 3.5 day per week rotation.

Service	Rotation experience (1-2.5 days)	Exposure (2 cases or 1 short-term group)	Psychology Staff
Gynaecologic Oncology Service (General)	X	X	Dr. Monique Lefebvre
Heart Institute Prevention and Rehabilitation Centre HIPRC (Civic)	X (1 day maximum)		Dr. Heather Tulloch
Hepatitis C Infectious Disease Program (HCV) (General)	X	X (Group)	Dr. Kim Corace
HIV Immunodeficiency Program (HIV) (General)	X	X	Dr. Louise Balfour
Maternal Fetal Medicine (MFM)(General)	X	X	Dr. Kerri Ritchie
Psychosocial Oncology (PSOP) (General)		X	Dr. Cheryl Harris (supervised practice)
Sleep Disorders Clinic (Sleep) (General)	X	X (Group)	Dr. Ivan Valdivia

*Psychodiagnostic Assessment Component:* Patients referred from the medical, oncological, and obstetrical clinics at The Ottawa Hospital are experiencing chronic and, at times, life threatening medical conditions. They often present with co-existing Axis I and II diagnoses including depression, psychosis, anxiety-related disorders, histories of abuse and trauma (acute and complex PTSD), substance abuse, and a broad range of personality disorders. Interns have the opportunity to develop

skills in completing short consultation reports and longer psychodiagnostic assessment reports, which include DSM-IV-TR differential multiaxial diagnoses, within the context of concurrent medical condition(s). Psychometric tests may include the PAI, MMPI-2, Rorschach, depression, anxiety, and trauma measures, as well as service specific assessments.

*Interdisciplinary Consultation Component* Interns provide consultations and patient feedback to interdisciplinary teams, attend team rounds, and for some patients, work in conjunction with team and/or consultation liaison psychiatrists.

*Intervention Component:* Psychotherapy experience includes individual and couples' short- to longer-term therapy, provided from a range of theoretical perspectives (e.g. CBT, motivational interviewing, interpersonal process, attachment, existential/ humanistic), with an emphasis on empirically validated treatments. Training is also provided in cross-cultural issues. Patients come from diverse backgrounds (e.g. aboriginal, new immigrants, adolescents, gays and lesbians). There are several group psychotherapy experiences including psychoeducational groups (sleep), stress management groups (HIPRC and HCV), pain management (HCV), and groups facilitating increased readiness for medical treatments (HCV).

*Teaching Component* Teaching opportunities, through presentations and structured seminars presented to medical students and residents, as well as nursing and medical staff are available to interns. Depending on availability and interest, some training of interns in supervising practicum students may be offered.

### **Gynaecologic Oncology Service (GO)**

Initial patient referrals may be in- or outpatient. The GO service operates out of 3 sites including the Riverside Campus (colposcopy clinic), The Ottawa Hospital Cancer Centre Outpatient Services, and the General Campus Surgical Unit and partial Hospitalisation Chemotherapy Unit. All psychological services are provided at the General Campus. The team includes Gynaecologic Oncologists (including fellows, residents, and medical students), a General Practitioner in Oncology, Nurses, Social Worker, Dietician, Occupational Therapist, Physiotherapist, Pharmacist, and Community Care Worker. The Palliative Care Team and Symptom Control Team work closely with the Service.

General health issues include chronic pain, cardiac, renal and diabetic disease, morbid obesity, and dementias. Referrals specific to Gynaecology Oncology include complications from surgery, chemotherapy, and radiation, as well as adjustment to treatment-induced loss of fertility and/or sexuality changes, and poor prognosis. In addition to the clinical services outlined in the intervention component, service specific intervention experiences include crisis intervention, grief work, and sexual counselling.

### **Heart Institute Prevention and Rehabilitation Centre (HIPRC)**

Psychological services are provided to outpatients attending the Heart Institute Prevention and Rehabilitation Centre (HIPRC). Patients attending this program have multiple cardiac conditions including myocardial infarction, coronary artery disease, hypertension, heart arrhythmias, heart failure and valvular diseases, as well as comorbid medical conditions (e.g., diabetes, chronic pain, arthritis). Interdisciplinary team members include Cardiologists, Family Physicians, Psychiatrists, Nurses, Physiotherapists, a Social Worker, Dietician, and Vocational Counselor. In addition to the clinical services outlined in the intervention component, service specific intervention experiences include involvement in the HIPRC's 5-week stress-management group, a skills-oriented program that teaches a variety of stress management and coping techniques.

### **Hepatitis C Infectious Disease Program (HCV)**

Outpatients are referred from physicians in several clinics at TOH including infectious disease specialists, hepatologists, and gastroenterologists. Medical conditions seen in this rotation are hepatitis C (HCV), HCV-HIV co-infection, and hepatitis A and B, as well as complications from HCV, including liver transplant, liver and lymphatic cancers, liver cirrhosis, HIV co-infection, arthritis, fibromyalgia, and haematological disease.

The interdisciplinary team members include Physicians, Nurses, Social Workers, Pharmacists, and Dieticians. Opportunities for consultation with community health clinics may also be possible. In addition to the clinical services outlined in the intervention component, service specific intervention experiences include providing psychoeducation to patients and their partners.

### **HIV Immunodeficiency Program (HIV)**

Outpatients are referred from physicians in several clinics throughout TOH including specialists from the division of infectious disease. Medical conditions seen in this rotation include patients with immune system disease (HIV), viral hepatitis, neuropathic pain, chronic fatigue, Epstein-Barr syndrome, lymphoma, progressive multifocal leukoencephalopathy (PML), tuberculosis, cardiovascular complications, and diabetes.

Interdisciplinary team members include Infectious Disease Specialists, a Psychiatrist, Nurses, Social Workers, Pharmacists, and Clinical Dieticians. In addition to the clinical services outlined in the intervention component, service specific intervention experiences include providing psychoeducation to patients about preparing for medical treatments, adhering to treatments, coping with medication side-effects, modifying health behaviours, and reducing risk of disease transmission.

### **Maternal Fetal Medicine Clinic (MFM)**

Inpatients and outpatients are referred through the Maternal Fetal Medicine (MFM) clinic (high-risk pregnancy). Patients present with pregnancy specific complications (e.g., pregnancy-induced illnesses, fertility issues, fetal anomalies, premature deliveries, and perinatal/neonatal deaths). Patients also have co-existing health issues (e.g., cancer, chronic pain, lupus, haematological diseases, respiratory, renal, and cardiac illnesses, arthritis, and genetic disorders). Opportunities to work with adolescents being followed in conjunction with Community-Based Saint Mary's and The Children's Hospital of Eastern Ontario (CHEO) are also available. The MFM clinic includes Maternal Fetal Medicine Specialists, Nurses, Social Workers, Dietician, and Psychiatrists. The extended treatment team also includes Neonatologists Geneticists, Genetic Counsellors, and Paediatric Specialists. In addition to the clinical services outlined in the intervention component, service specific intervention experiences include crisis intervention, bereavement therapy, and parent-baby attachment work for patients and their partners.

### **Psychosocial Oncology Program (PSOP)**

Psychological services are provided to outpatients registered at The Ottawa Hospital Cancer Center. Patients are referred to Psychology for assistance in adapting to cancer and for treatment of comorbid conditions across the illness trajectory (i.e., from initial cancer diagnosis to end of life). Psychology works collaboratively with the PSOP team, which also includes Clinical Nutrition, Occupational Therapy, Physiotherapy, Exercise Rehabilitation, Psychiatry, Social Work, and Speech-Language Pathology, and with referring Oncologists and Nurses. In addition to the clinical services outlined in the intervention component, service specific rotation experiences include crisis intervention, management of comorbid pain and/or insomnia, sexual counselling, grief work, and end of life issues.

### **Sleep Disorders Clinic**

Outpatients are referred to psychology from the Sleep Disorders Clinic at The Ottawa Hospital (General and Civic Campuses). Conditions seen include insomnia, excessive daytime sleepiness, and sleep phase delay/advance. Sleep disorders are often complicated by anxiety and mood disorders, and chronic pain. Interdisciplinary team members include Respirologists, Neurologists, Technicians, Dentists, and representatives from companies such as Respironics and VitalAire. In addition to the clinical services outlined in the intervention component, service specific rotation experiences include providing psychoeducation to patients about insomnia, psychotropic medications, adherence to treatments, and modifying health behaviours.

### **Rehabilitation Psychology**

The Rehabilitation Centre specializes in the rehabilitation of adults with chronic illness and physical disabilities. Services are provided on an Inpatient and Outpatient basis to people whose impairments include: amputations, spinal cord injuries, acquired brain injuries, respiratory impairment, neurodegenerative conditions (e.g. Multiple Sclerosis), polytrauma, chronic pain, and speech and language disorders. Rehabilitation is an interdisciplinary enterprise. Service delivery is therefore provided by a number of specialized teams whose expertise and membership is devoted to meet the needs of patients within a disability group. Each Care Stream has a number of inpatient beds and also provides outpatient services to their client population. Every Service has one or more members from Medicine, Nursing, Physiotherapy, Psychology, Occupational Therapy and Social Work and consultation from Pharmacy, Vocational Counsellors, Respiratory Therapy, Dietary and Recreation Therapy. Interdisciplinary team functioning requires shared clinical goals and frequent and active interaction among team members. The role of the psychologist on the rehabilitation team is diverse and includes assessment, intervention, consultation and program development including evaluation and clinical research.

The Services at the Rehabilitation Centre are configured into three patient Care Streams: Locomotor, Neuromuscular and Acquired Brain Injury. A description of these streams is provided below. Interns are assigned to a primary Care Stream, team and supervisor. This provides opportunity for membership on at least one interdisciplinary team and experience in assessment, intervention, consultation, and occasionally teaching of staff from other health disciplines. There are a number of psychological themes or issues that emerge in the rehabilitation context. These typically involve loss and adaptation and are consistent with DSM-IV-TR multiaxial conceptualization. The specifics are determined by the patient population, and for trainees within psychology, are augmented by their contact and interaction with the interdisciplinary teams within the larger Care Stream. In recognition of the integral role that neuropsychological issues play within Rehabilitation Psychology and practice, a general secondary Neuropsychology rotation is provided to all Clinical Psychology interns to familiarize them with neuropsychological issues as they apply to the rehabilitation psychologist.

Care Stream & Team	Psychology Staff
Locomotor	
Respiratory	Dr. Peter Henderson
Chronic Pain	Dr. John Kowal
	Dr. Erik Petersen
Musculoskeletal	Dr. Lori Della Malva
	Ms. Josie Marino
Outpatient	Dr. Keith Wilson
	Ms. Claire Chapdelaine
	Ms. Renee Robert
	Dr. Mary Perugini
Neuromuscular	
	Dr. Erik Petersen
	Dr. Amanda Pontefract
	Dr. Nesrine Awad Shimoon
Neurocognitive	
Post-acute TBI	Dr. Charles Leclerc
	Dr. Mary Perugini
Behavioural Rehabilitation Service	Dr. Laura Rees
Robin Easey Centre	Dr. Mark Ferland

*Psychodiagnostic Assessment Component:* Within each of the Care Streams ample opportunity for assessment and case conceptualization across the broad spectrum of DSM-IV-TR criteria is available. The psychologist is instrumental in assessing rehabilitation candidacy, facilitating client engagement in the rehabilitation process and optimizing the constructive deployment of the team interactions and interventions. Assessment training encompasses: (1) impact of co-existing mental illness and disability; (2) psychological sequelae to chronic illnesses and physical disability; (3) factors which affect involvement in rehabilitation and adherence to team-based recommendations. Psychological assessments are requested by the physician or the team. Typical referral issues may include diagnosis, treatment recommendations, personality, coping style and symptom clarification as well pain, cognitive, and vocational functioning. Training goals include the development of assessment and consultation skills with diverse medical populations and understanding of the interactions of coexisting mental illness, premorbid personality, substance abuse, etc with chronic illness and physical disabilities.

*Intervention Component:* Interventions and formats vary by client population. Treatment may involve the client, couple, group and/or family. Treatment focus is usually on adjustment to disability and helping patients to maximize their strengths and resources through psychotherapeutic, and compensatory strategies. Brief individual and group interventions as well as psychoeducational involvement with couples or families are typical.

*Interdisciplinary Consultation Component: Experience in interdisciplinary consultation is a critical aspect of Rehabilitation Psychology. Psychologists provide consultation to members of the team regarding assessment findings, both clinical and neuropsychological, rehabilitation candidacy, assets and barriers to rehabilitation and treatment strategies to enhance compliance, adherence and relapse prevention. Consultation often may include design and coordination of behaviour management programs and neurorehabilitation procedures.*

*Teaching Component: Interns have the opportunity to participate with psychology staff in providing psychoeducation about psychological and behavioural issues as well as coping and adjusting to living with a physical disability to patients, families and the team. Teaching opportunities may also be available through seminars and staff in-services to the team, other disciplines and their students, as well as community organizations and agencies. Towards the end of the rotation, interns may have the opportunity to supervise practicum students, thereby receiving supervision on the supervision process.*

*Neuropsychology Emphasis Component of the Rehabilitation Rotation: The aim of this secondary rotation is to introduce clinical psychology interns to neuropsychology within a rehabilitation context. The goal is to provide interns, who are not specializing in neuropsychology, with an understanding of neuropsychological issues for individuals whose presentation is complicated by cognitive issues. Interns have the opportunity to learn the role of the rehabilitation neuropsychologist and when it is appropriate to refer to neuropsychology, observe the unique behaviours of cognitively impaired individuals, and obtain an understanding of what is involved in a neuropsychological assessment. Opportunities to participate in interviews, testing and feedback to patients, family members and the interdisciplinary team are available and a key aspect of the rotation.*

## **Locomotor Care Stream**

### *Respiratory Service*

This service unit provides inpatient and outpatient services to patients who are disabled by chronic chest diseases such as asthma, emphysema, chronic bronchitis and pulmonary fibrosis. From a psychological perspective, issues include management of anxiety and depression, assessment of cognitive functioning, and facilitation of adjustment to major life transitions associated with loss of physical function and the aging process.

Interns gain experience in the assessment, group and individual treatment of patients with respiratory diseases on an inpatient and outpatient basis, as well as experience with interdisciplinary consultation.

### *Chronic Pain Service*

This service provides interdisciplinary outpatient services for individuals living with chronic non-malignant pain. Clinical activities include interdisciplinary assessments, co-leading psychoeducational and process groups, psychological (personality, cognitive, or vocational) assessment, and participation in the clinical and administrative meetings for the interdisciplinary outpatient program. Individual and specialty time-limited groups (sleep or depression management) may be offered from time to time in response to demand and availability to deliver such services.

### *Outpatient Outreach Service*

This team serves persons with a wide range of physical disabilities including chronic pain, polio, muscular dystrophies, ataxias, stuttering, pain, various neurological conditions, spina bifida, head injuries and adult cerebral palsy. This service provides access to various disciplines and specialized services, such as the foot clinic, neuromuscular clinic and orthotic clinics, in an ambulatory setting. Patients with musculoskeletal, orthopaedic and neurological problems are assessed and treated in the general outpatient clinic. From a psychology perspective, assessment includes reviews of appropriateness and readiness to receive psychological treatment at TRC, but may also include comprehensive personality, neuropsychological or vocational assessment. Treatment includes neuropsychological rehabilitation or individual psychotherapy that may be cognitive-behavioural, or interpersonal in nature. An opportunity exists to participate in a time-limited adjustment to disability group that focuses on loss and adaptation.

### *Musculoskeletal Service*

This team services inpatients and outpatients with complex musculoskeletal conditions including trauma (i.e., multiple injuries and fractures, multisystem failure), joint replacement, cancer, arthritic conditions, as well as amputees who require artificial limbs (prostheses), braces (orthosis) or custom-made seating supports and systems. The majority of the amputees on this service are elderly and lose their limbs due to vascular disorders. Smaller percentages are traumatic amputees usually due to motor vehicle accidents or work-related injuries. Psychology provides consultation services to the team as well as assessment (neuropsychological and/or clinical) and individual treatment services to patients. Clinical assessment and therapy opportunities can range from diagnosing and treating mood disorders, grief reactions, post-traumatic stress, and pain, to designing and coordinating behaviour-management programs, and implementing neurorehabilitation procedures.

### **Neuromuscular Care Stream**

This is the only service of its kind in the region offering inpatient and outpatient rehabilitation to individuals with spinal cord injuries (traumatic and disease-based), neurological conditions such as Multiple Sclerosis, Transverse Myelitis, Guillain Barre Syndrome, ALS, or Infectious Disorders. Patients participate in interdisciplinary therapies in order to gain as much independence as possible, including learning to effectively direct their own care and to assist caregivers in reducing burden of care. Patients on this service are often clinically complex and require considerable involvement from Psychology personnel. Psychology provides comprehensive clinical and neuropsychological assessment, treatment and consultation in the context of the interdisciplinary team. Screens of psychological functioning are typically performed on all inpatients as a part of treatment planning and the rehabilitation process.

Clinical Psychology Interns can gain assessment experience in performing psychological screens of inpatients, as well as assessing both inpatients and outpatients with respect to specific referral questions. Treatment includes direct work with the patient for issues related to mood, anxiety, coping and adjustment to disability, as well as premorbid psychological issues. The consultation role is important on this service. Psychology Interns will participate in inpatient team management meetings and family conferences, and in general, assist the team in facilitating a patient's rehabilitation. Interns can meet with patients and family members together to provide psychoeducation and to prepare the family for discharge. There are also opportunities for the development of psychoeducational groups.

## Neurocognitive Care Stream

*\* Please note that the psychological services provided on this stream are delivered by neuropsychologists. Clinical psychology interns may have a training opportunity in the neurocognitive stream via the secondary rotation in clinical neuropsychology (described above), but not as a primary rotation at this time.*

### *Post-acute Acquired Brain Injury (ABI) Service*

This service provides clinical and rehabilitation services for adults who have sustained an acquired brain injury. An acquired brain injury is defined as “damage to the brain that occurs after birth and which is not related to congenital disorders, developmental disabilities or processes that progressively damage the brain.” The model of service delivery will encompass a cognitive-behavioural framework to promote the highest level of cognitive, behavioural and physical functioning.

Interns have the opportunity to participate in neuropsychological assessment and group interventions including Brain Injury Education, Cognitive Rehabilitation, Self-Awareness, Stress Management, and Social Skills. Interns also provide counselling, and develop programs for reducing unwanted behaviours.

### *Behavioural Rehabilitation Service (BRS)*

The Behavioural Rehabilitation Service (BRS) provides rehabilitation services for adults with behavioural challenges resulting from brain injury. The objective of the program is to help gain control over behavioural challenges associated with their injuries. The service uses a neurobehavioural approach, which relies on observational methods. Assessment and treatment of identified behavioural challenges includes observing the behaviour and designing treatment interventions in order to assist the individual to gain the skills required to function optimally in their environment. In addition to individual work with the patient, the BRS provides family members, caregivers and significant others with education and behaviour management strategies to assist the individual to increase functional behaviour. The service offers clinical assessment, treatment, follow-up and consultation services to patients and their families as well as community agencies. Service is provided on an outreach basis in the patient’s home, as well as in an inpatient milieu.

Interns gain experience in developing behaviour management treatment plans, providing individual and group therapy to brain injured individuals, interdisciplinary consultation as well as experience providing supervision to unregulated health professionals. Assessment experience, including neuropsychological assessment is also possible on this rotation.

### *The Robin Easey Centre*

The Robin Easey Centre is located in the west end of Ottawa. It provides community-based life skills and education services for adults living with the effects of brain injuries. Services are offered according to mutually determined long-term goals and needs. Together, patients and staff develop appropriate short-term objectives and treatment plans that address the patient's long-term needs. Family involvement and support are encouraged to optimize patient gains.

The residential component provides temporary accommodation for six individuals who have completed hospital-based rehabilitation but who are not yet prepared to live independently. The day treatment component provides services to individuals who may be living in the community but who lack the skills to live as independently as possible. The outreach component provides follow-up services in collaboration with community support systems to patients discharged from the program. The outreach service also includes consultation and education to families and professionals working with people with brain injuries throughout Eastern Ontario.

Interns have the opportunity to participate in, and lead, cognitive rehabilitation groups including Brain Injury Education, Problem-Solving, Memory, Self-Awareness, Stress Management, and Social Skills. Interns also provide counselling, and develop programs for reducing unwanted behaviours.

## II. Predoctoral Internship in Neuropsychology

The intern in the Neuropsychology internship chooses to spend 3 months in either a Mental Health or Health Psychology rotation and 9 months in a major rotation in Neuropsychology. Please refer to the previous section (Predoctoral Internship in Clinical Psychology) for a detailed description of training opportunities offered within the Mental Health or Health rotations. The core experiences (individual and group therapy, research, and seminars) are the same for the clinical psychology interns and the neuropsychology intern. During the major rotation, the interns attend rounds specific to the Neuropsychology track including, Neuroscience rounds (neuroradiology/neurology/ neurosurgery) and Neuropsychology in-service rounds.

<b>Sept-Nov</b>	<b>December-August</b>
<b>Mental Health or Health Psychology</b>	<b>Neuropsychology  (General, Rehabilitation, and Civic Campuses)</b>

The Neuropsychology rotation encompasses experiences in both acute care (in a tertiary care teaching hospital) and rehabilitation (in a specialized rehabilitation hospital). Following the 3-month minor clinical psychology rotation, the neuropsychology rotation sequence is as follow: three months at the General Campus (Acute Care Neuropsychology), three months at the Rehabilitation Centre (Rehabilitation Neuropsychology), and three months at the Civic Campus (Acute Care Neuropsychology). Neuropsychology staff are located at various sites, as can be seen in the table below.

Location	Neuropsychology Staff
General Campus	Dr. Francine Sarazin
General Campus	Ms. Laurie Morrison
The Rehabilitation Centre	Dr. Nesrine Awad Shimoon
The Rehabilitation Centre	Dr. Lori Della Malva
The Rehabilitation Centre	Dr. Charles Leclerc
The Rehabilitation Centre	Dr. Mary Perugini
The Rehabilitation Centre	Dr. Laura Rees
Civic Campus	Dr. Lisa Carswell
Civic Campus	Dr. Barbara Collins
Civic Campus	Dr. Andrée Tellier
Civic Campus	Dr. Lisa Walker
On Track/CDRFEP	Dr. Paul Mendella
Robin Easey Centre (TRC)	Dr. Mark Ferland
SHARE	Dr. Pamela Cooper

**Acute Care Neuropsychology:** The Neuropsychology section of TOH provides assessment and consultation to all services in the hospital, including (but not limited to): Neurology, Neurosurgery, Trauma, Psychiatry, General Medicine, Family Medicine, Oncology, Cardiology, Respiriology, and Orthopedics. Neuropsychology also works with specialized clinics within the hospital, including the Multiple Sclerosis Clinic and the Immunodeficiency Clinic.

*Assessment Component:* The purposes of the assessments are varied and primarily include: diagnosis, documentation of deficits stemming from specific diagnoses, rehabilitation planning, discharge planning, and determination of capacity (as defined by Health Care Consent Act). Given the varied nature of the neuropsychological syndromes that are commonly seen in the acute stages of an illness, the inpatient unit provides a unique opportunity to gain experience in dealing with confusion or delirium, as well as dementia, and competency (legal definition) issues.

*Intervention Component:* The Neuropsychology service is primarily diagnostic, and as such, intervention primarily takes the form of feedback to patients and family regarding the results of the neuropsychological evaluation. Information on community (and when possible hospital-based) resources to address any concerns raised during the course of the assessment is also provided to patients and families.

*Interdisciplinary Consultation Component:* Neuropsychology at TOH is a consultation service, and as such, input is provided to the medical teams on all services noted above. Interns have ample opportunity to interact with other medical and allied health disciplines (e.g., physicians, nursing staff, social workers, occupational therapists, physiotherapists).

*Teaching Component:* Neuropsychology plays a key role on the Trauma service at the Civic Campus and as such interns have the opportunity to provide psychoeducation to patients who have suffered a traumatic brain injury and their families. Interns are able to work with these families to educate them about the nature of their loved one's injury and to provide them with information regarding the course of recovery.

**Rehabilitation Neuropsychology:** The Rehabilitation Centre's Neuropsychology rotation is designed to expose interns to professional practice in a rehabilitation setting and to the specific role of the rehabilitation neuropsychologist. Neuropsychology staff provides assessment, consultation and treatment services across the three patient Care Streams (see Care Streams and Service descriptions in Clinical Psychology Section). Interns are exposed to a variety of inpatient and outpatient populations with a wide range of disorders, including individuals who have experienced cerebrovascular disorders, dementia, traumatic brain injury, anoxia, peripheral vascular disease, cerebral palsy, spinal cord injury, amputation of a limb, multiple sclerosis, cancer, depression, and complex musculoskeletal conditions. On some services, opportunities exist for working with individuals who are elderly or have specific physical disabilities.

*Assessment Component:* Interns gain experience conducting functional and diagnostic neuropsychological assessments, as well as assessments of emotional functioning. A flexible battery approach to assessment is adopted by all supervisors. Comprehensive neuropsychological assessments are conducted as part of treatment and rehabilitation planning. This may include assessments aimed at a diagnosis or identifying an individual's cognitive strengths and limitations, suitability for rehabilitation, fitness to drive, ability to live independently, vocational potential, or determination of capacity. Interns learn how to apply neuropsychological assessment results to address functional issues and to assist patients, their families and the team in planning for and adjusting to living with cognitive dysfunction.

*Intervention Component:* Treatment opportunities can range from designing and coordinating behaviour management strategies, to designing and implementing cognitive neurorehabilitation procedures, to providing therapy to brain injured individuals. Treatment may involve the patient, couple, group or family. In general, treatment focus across most rotations is to help patients to maximize their strengths and resources through compensatory strategies. Interns may also have the opportunity to participate in, and lead, cognitive rehabilitation or adjustment to disability groups.

*Interdisciplinary Consultation Component:* Interns gain experience in consulting with interdisciplinary team members including physicians, nurses, social workers, physiotherapists, occupational therapists, vocational therapists and community support services.

*Teaching Component:* Interns have the opportunity to participate with psychology staff in providing psychoeducation about cognitive dysfunction as well as coping and adjusting to living with a physical disability and cognitive deficits to patients, families and the team.

### **III. Core Experiences**

The following experiences are completed by all interns in Clinical Psychology and Neuropsychology.

#### *Psychodiagnostics*

As part of the internship, interns are provided with exposure to, and training in, psychodiagnostic assessment through clinical interviewing, assessment (including differential diagnosis using DSM-IV-TR), case conceptualization and formulation, treatment planning and report writing. Exposure and practice of core diagnostic skills ensures that interns, regardless of which rotations they choose, leave with the requisite skills that can be applied in a variety of health care and psychiatric settings and contexts.

### *Individual Long Term Therapy*

Each intern will carry a minimum of one long-term therapy case from the beginning of the internship to the end of the year. Interns are assigned long-term therapy supervisors at the beginning of the year, and these experiences will cross over rotations. The long-term individual therapy experience involves weekly psychotherapy sessions, and hour for hour individual supervision. Theoretical orientations of supervisors may be cognitive behavioural, interpersonal, existential/humanistic, and/or psychodynamic. Patients have mental health conditions such as personality disorders, eating disorders, depression, anxiety and/or adjustment disorders. Patients may also have co-existing medical conditions and/or physical disabilities.

### *Group Therapy*

Clinical psychology interns participate as co-therapists in a long-term therapy group, most of which are interpersonal process. As with the long-term individual therapy case(s), groups are assigned at the beginning of the year and are maintained across the two rotations. This long-term experience involves the weekly group sessions and individual or group supervision. Interns typically are co-therapists in the group with their supervisor, and are encouraged to take a more active role over time. Neuropsychology interns participate in group intervention with cognitively challenged individuals for six months. They also have a unique opportunity to co-facilitate a psychotherapy group using a different therapeutic modality (e.g., interpersonal process). Patient groups tend to represent various patient populations (e.g., HIV, eating disorders, acquired brain injury, etc.). A general overview of the different groups offered within TOH is provided in Appendix 3.

### *Supervision*

All supervision is provided by staff licensed to provide psychology services in the province of Ontario. As indicated in the CPA guidelines, a minimum of four hours of individual supervision per week is provided to interns by doctoral level psychology staff.

### *Case Presentations*

As part of each rotation experience, interns will present a case to Psychology staff at regularly scheduled education sessions. This represents a minimum of 2 case presentations for the 12-month internship.

### *Clinical Research/Program Evaluation*

As developing psychologists, interns will participate and be supervised in clinical research (separate from their dissertation). Predoctoral interns have up to one half-day per week for research purposes. They have the opportunity to propose an independent project or may choose to conduct a study based on research already ongoing. At the start of the year, interns will meet with potential research supervisors and be presented with available or ongoing research projects so they can choose their project for the training year. In terms of research/program evaluation outcome, interns are required to present their research product by year-end. Most interns use the opportunity for a conference presentation, and some publish their work. Appendix 4 provides the general structure of the research rotation throughout the year. Below are examples of the main current research/program evaluation projects:

- The Eating Disorder Program (EDP) has an extensive research and evaluation program. Program evaluation has examined outcome, treatment completion, dropouts, and a formative evaluation of the inpatient program. Research has focused on the role of attachment in eating disorders, and psychotherapy process and outcome.
- The Champlain District Regional First Episode Psychosis Program (DRFEPP) is developing an extensive program evaluation for the psychosocial rehabilitation components of the program.
- There is an emerging research component in the Outpatient Urgent Care Clinic (UCC) at the General Campus
- HIV and Hepatitis C Behavioural Medicine Research Program: Interns have the opportunity to participate in several ongoing studies including: (1) a randomized clinical trial evaluating the efficacy of a standardized psychoeducational intervention on HIV patients' medication adherence, (2) an HIV and Hepatitis C depression and stigma study, (3) a Hepatitis C treatment readiness and adherence study, and (4) an HIV smoking cessation study. Interns receive mentorship in the process of conducting research in an applied setting including developing grant writing skills, submitting studies to hospital research ethics boards, conducting multi-site trials and community based research, and developing multidisciplinary research teams.
- The Maternal Foetal Medicine (MFM) psychologist's research interests include attachment and therapy outcome, disease processes, and OBS/GYN curriculum development and evaluation.
- The Gynecology Oncology Psychologist's research interests include fear of cancer recurrence, sexual dysfunction after cancer treatments, the impact of discharge to the primary care physician after treatment for endometrial cancer, styles of coping, grief and New Age guilt, couple strain, and patient needs at various points in the cancer trajectory. As well, there is ongoing development of specific norms for gynaecologic oncology patients using standard psychological measures, and assessment of the impact of cancer treatments on psychological functioning.
- At The Rehabilitation Center (TRC), psychologists are actively involved in either clinical research or program development and evaluation projects within their specific Services. Funded research projects by psychologists include: spinal cord injury and chronic neuropathic pain; palliative and end-of-life care; ecological validity of neuropsychological measures. As members of an interdisciplinary team, interns are encouraged to participate in either the ongoing program development and evaluation activities of the team or develop a specific project as part of their rotation experience.
- In Acute Care Neuropsychology, research projects focus on the following topics: effects of chemotherapy on cognition in patients with breast cancer, effects of multiple sclerosis and stroke on various aspects of cognition, outcomes following traumatic brain injury (TBI), the correlation between the Montreal Cognitive Assessment (MoCA) and various neuropsychological measures.

### *Educational Experiences*

Interns attend case rounds and hospital in-service sessions related to their rotations. Interns also have the opportunity to attend other lectures and in-services offered within the hospital or at adjacent settings. Up to \$250.00 is available per intern for educational expenses.

### *Seminar Series*

Specialized seminar training series are offered as part of the training program. They are offered within the context of a) in-house sessions and b) city-wide seminars (where interns get to meet with interns from other institutions holding internship programs). The in-house seminars are held weekly from September to December while the city-wide seminars are held on a monthly basis at various locations

in Ottawa (TOH, University of Ottawa, Children's Hospital of Eastern Ontario, Royal Ottawa Hospital) where internship programs are offered. Topics covered during these seminar series include the following:

*Professional Issues*

*Psychodiagnostics*

*Psychotherapy*

*Health Psychology*

*Rehabilitation Psychology*

*Individual and Cultural Differences*

## **IV. Application and Selection Process**

### **Prerequisites**

Predocutorial intern applicants should have completed most of their graduate level education in an accredited clinical psychology program and a minimum of 1000 hours (including 500 direct and 500 indirect hours) of practicum training in clinical psychology (for those wishing to apply for the Clinical Psychology internship) or in Neuropsychology (for those applying for the Neuropsychology internship). As services are provided in both English and French, facility in both languages is an asset but is not required. Please note that all charting and report writing are all done in English. In the selection process, priority is given to Canadian citizens.

Interns are required to provide proof of liability insurance coverage before they begin the pre-doctoral internship. Interns may contact McFarlan-Rowlands toll free at 1-877-679-5440 to obtain information on the national professional liability insurance plan. As a member of CPA, the liability insurance program is offered as a benefit:

[www.cpa.ca/members/membershipbenefits/professionalliabilityinsuranceprogram/](http://www.cpa.ca/members/membershipbenefits/professionalliabilityinsuranceprogram/).

In addition, interns will be required to present proof of updated immunizations, and a police check.

Applicants to the programs are ranked according to several criteria including, and in no particular order:

1. The match between an applicant's clinical training interests and our internship program;
2. The breadth and depth of an applicant's psycho-diagnostic and/or neuropsychological diagnostic assessment training and his/her psychotherapy and/or rehabilitation training experience;
3. The applicant's practicum experiences in hospital-based settings and experiences working with interdisciplinary teams;
4. Reference letters from clinical supervisors;
5. Impressions of the applicant's suitability and match with our internship based on the interview;
6. The applicant's clinical research experience and/or interests, as well as their progress towards completion of their doctoral dissertation;

The program subscribes to the APPIC principles regarding preparation for internship in terms of the number and nature of practicum hours and status of dissertation research. Specifically, although a minimum of 1000 practicum hours (including a minimum of 500 hours of direct and 500 hours of indirect service hours) is needed to apply, please note that applicants are not rated based on the “raw number of practicum hours” reported on APPIC application forms; quality and depth of practicum training is more relevant than total quantity of hours. Applicants are required to have had their dissertation approved prior to applying for internship. However, applicants who are more likely to submit or defend their thesis prior to commencing the internship will, all other things being equal, be ranked more highly.

#### Stipends

Five full-time predoctoral interns, (4 in Clinical Psychology and 1 in Neuropsychology) are each funded at \$30,000.00 CDN annually, with a \$250.00 allowance for educational conferences, and 3 weeks vacation.

#### Application Procedure

The training program is a member of the Canadian Council of Professional Psychology Programs (CCPPP) and the Association of Psychology Postdoctoral and Internship Centres (APPIC), and it adheres to APPIC policy regarding internship offers and acceptances. This internship site agrees to abide by the APPIC policy that no person at this training facility solicit, accept or use any ranking-related information from any intern applicant.

This internship is participating in the APPIC Internship Matching Program. All applicants must register with the National Matching Services [www.natmatch.com/psychint/](http://www.natmatch.com/psychint/) and / or APPIC [www.appic.org](http://www.appic.org) to be considered for this internship.

Interested applicants should complete the following through the Applicant Portal of the AAPI online:

1. Completed AAPI Application.
2. Verification and electronic signature completed by the University Training Director attesting to the applicant's readiness for an internship.
3. Three letters of reference.
4. Graduate transcripts.
5. C.V.
6. Supplementary material to be uploaded: Department of Psychology Internship Application Form ([www.ottawahospital.on.ca/hp/dept/psychology/training/form1-e.asp](http://www.ottawahospital.on.ca/hp/dept/psychology/training/form1-e.asp))

Applications are made to the Clinical Psychology (*Track 1: Mental Health-Rehabilitation Psychology, or Track 2: Health Psychology-Rehabilitation Psychology*) and/or the Clinical Neuropsychology (*Track 3*) programs. Preferences for Services within Tracks can be made on the application form. Each Track has an APPIC number as follows:

***Track 1: Mental Health-Rehabilitation Psychology – 181713.***

***Track 2: Health Psychology-Rehabilitation Psychology - 181714.***

***Track 3: Neuropsychology – 181712.***

Applicants may apply to more than one Track (APPIC number), but a separate and complete application must be submitted for **each** of the Tracks (APPIC numbers) to which an application is made.

Completed applications must be received no later than **November 13, 2009**. All interview notifications are made by **December 4, 2009**. Arrangements for either on-site or telephone interviews will be made shortly after. As noted on the application form at <http://www.ottawahospital.on.ca/hp/dept/psychology/training/form1-e.asp>, interviews of applicants for the 2009-2010 training year will be scheduled on December 17, 18 & 21, 2009 and January 8, 11, & 15, 2010.

In accordance with federal privacy legislation (*Personal Information Protection and Electronics Documents Act* - <http://laws.justice.gc.ca/en/P-8.6/>), we are committed to collecting only the information required to process your application. This information is secured within Psychology at TOH and is shared only with those individuals involved in the evaluation of your internship application. Information collected by The Ottawa Hospital for applicants who are not matched with the TOH program is destroyed within six months of Match Day. Files of applicants matched to our program will be available only to those involved in the applicant's supervision and training including rotation supervisors, Co-Directors and Coordinator of Clinical Training, relevant administrative support staff, the Chief of Psychology, and relevant staff of the Human Resources Department at TOH.

Please return application and supporting documents to:

Dr. Laura Rees and  
Dr. Kerri Ritchie  
Co-Directors of Training  
Department of Psychology  
The Ottawa Hospital  
501 Smyth Road, Room 7300  
Ottawa, ON Canada K1H 8L6

Phone: 613-737-8039

Fax: 613-737-8895

Email: [psychology@ottawahospital.on.ca](mailto:psychology@ottawahospital.on.ca)

Web: <http://www.ottawahospital.on.ca/hp/dept/psychology/training/form1-e.asp>

## V. Psychology Staff

Some of the staff involved with the training program have clinical, academic and teaching appointments in the School of Psychology and the Faculty of Medicine at the University of Ottawa, as well as the Department of Psychology at Carleton University, and the Ottawa Hospital Research Institute. The following is a list of the staff, highest degree, the university from which they received their degree, professional provincial licensure, and the service and site at which they work. Also, clinical interests, research interests, and two representative publications, papers, or presentations are listed.

**Alex, Rozen, Psy.D.** Fuller Theological Seminary; Psychologist, Outpatient Psychiatry, Civic Campus. **Clinical Interests:** Psychological assessment, individual and group psychotherapy, role adjustment, individual, religious and cultural issues. **Research Interests:** Program evaluation, psychotherapy outcome research, religiousness/spirituality's affect on family life.

**Alex, R.M.** (2009) *Religiousness, Religious Affiliation, and the Family*. Paper presented at the 4<sup>th</sup> International Conference on Spirituality and Mental Health, Ottawa, Ontario.

**Alex, R.M.** (2009) *Worldviews at the Crossroads: Culture, Religion, and Mental Health*. Paper presented at the 4<sup>th</sup> International Conference on Spirituality and Mental Health, Ottawa, Ontario

**Balfour, Louise, Ph.D.** Concordia University; Psychologist; Infectious Diseases, General Campus. **Clinical Interests:** HIV outpatient clinic, interpersonal group psychotherapy, psychological assessment, primary prevention, health promotion, and behavioural medicine. **Research Interests:** Adherence to medical regimens, patient needs assessments, program evaluation, stress and coping, depression, eating disorders, attachment and psychotherapy outcome research, international HIV research in developing countries.

**Balfour, L.** Kowal, J., Silverman, A., Tasca, G., Angel, A., MacPherson, P., Garber, G., Cooper, C., Cameron, W. (2006). A Randomized controlled psycho-education intervention trial: Improving psychological readiness for successful HIV medication adherence and reducing depression before initiating HAART. *AIDS Care*, 18(7) 830-838.

**Balfour, L.**, Kowal, J., Tasca, Cooper, C., Garber, G., Angel, J. MacPherson, P., Beique, L., Cameron, W. (2007). Development and psychometric validation of the HIV Treatment Knowledge Scale. *AIDS Care Vol (19) 9, 1141-1148*

**Ballen, Natasha, Ph.D.** Université de Montréal; Psychologist (Supervised Practice), Outpatient Psychiatry, General Campus. **Clinical**

**Interests :** Psychological assessment, mood and personality disorders, trauma, attachment and interpersonal processes in psychotherapy, and perinatal mental health issues. **Research Interests:** Adult attachment, psychotherapy process and outcome, program evaluation, and risk factors and treatment of postpartum disorders.

**Ballen, N., Demers, I., & Bernier, A. (2006).** A differential analysis of the subtypes of unresolved states of mind. *Journal of Trauma Practice, 5(4)*, 69-93.

**Ballen, N., McCallum, M., Joyce, A. S., & Piper, W. E. (2001).** The psychosocial environment of an evening treatment program. *Therapeutic Communities: The International Journal of Supportive Organizations, 22*, 55-72.

**Carswell, Lisa, Ph.D.** University of Victoria; Neuropsychologist, Civic Campus. **Clinical Interests:** Alzheimer's disease and other dementing disorders. **Research Interests:** Alzheimer's disease and the prediction of premorbid cognitive ability.

Graves, R.E. & **Carswell, L.M.** (2005). Potential clinical applications of immediate recall recency and non-recency scores in assessment of learning and recall impairment with the California Verbal Learning Test. Paper submitted for review.

Graves, R.E., **Carswell, L.M.**, & Snow, W.G. (1999). An evaluation of the sensitivity of premorbid IQ estimators for detecting cognitive decline. *Psychological Assessment, 11*, 29-38.

**Chapdelaine, Claire, M.Ps.,** University of Ottawa; Psychological Associate; Neuromuscular Stream, Out-Patient and Outreach Services, The Rehabilitation Centre. **Clinical Interests:** Adjustment to disability, mood and anxiety disorders and their impact on rehabilitation, somatoform disorders, professional and ethical issues. **Research Interests:** Adjustment to disability, mood and anxiety disorders and their impact on rehabilitation.

**Collins, Barbara, Ph.D.** University of Ottawa; Neuropsychologist, Civic Campus. **Clinical Interests:** Neuropsychology, dementia, capacity assessment.

**Research Interests:** Cognitive changes associated with normal aging, dementia, and cancer treatments.

**Collins, B., MacKenzie, J., Stewart, A., Bielajew, C., & Verma, S. (2008 Dec 10).** Cognitive effects of hormonal therapy in early stage breast cancer patients. *Psycho-Oncology*, E-pub DOI: 10.1002/pon.1453.

**Collins, B., MacKenzie, J., Stewart, A., Bielajew, C., & Verma, S. (2009).** Cognitive effects of chemotherapy in post-menopausal breast cancer patients one year after treatment. *Psycho-Oncology, 18*, 134-143.

**Conrad, Gretchen, PhD**, University of Ottawa; Psychologist; “On Track” – the Champlain District Regional First Episode Psychosis Program (CDRFEP), Bank Street office. **Clinical Interests:** Psychological/diagnostic assessment, individual and group therapy, Psychotic-spectrum illnesses. **Research Interests:** Group therapy outcome in FEP patients; knowledge and needs assessment among GPs treating FEP; cognitive changes among FEP patients.

Barnes, J., **Conrad, G.**, Roy, P., Stip, E., Epstein, I., Simon, A., & Umbricht, D. (October 2007). General Practitioner Knowledge of Early Psychosis – Assessment, Diagnosis and Treatment: Canadian Findings from the International Study. Poster accepted for presentation at the Canadian Psychiatric Association Annual Conference, Montreal, QC.

McCay, E.A., Zipursky, R.B., Roy, P., Beanlands, H., Leszcz, M., **Conrad, G.**, Landeen, J., Romano, D., Ryan, K., Francis, D., Hunt, J., & Parmasad, S. (March 2007). Evaluating a group intervention to reduce engulfment and self-stigmatization in first episode schizophrenia: Preliminary findings. Schizophrenia Bulletin, 33(2), 596.

**Cooper, Pamela, Ph.D.** University of Ottawa; Psychologist; Clinical and Neuropsychology, Shared Mental Health Care Program, The Ottawa Hospital. **Clinical Interests:** Facilitating access to psychology services within primary health care settings (Family Practice). Neuropsychological Rehabilitation after brain injury. Emotional adjustment following brain injury and other medical conditions. Brain injury and dual diagnosis. Assessment and treatment of mental health and cognitive problems commonly seen in the primary care level. Clinical leadership of interdisciplinary teams. **Research Interests:** Development of functional assessment tools for brain injured clients. Development of integrated assessment and treatment protocols for brain injured clients. Ecological validity of neuropsychological assessments in ABI.

**Cooper, P.M.**, Klinck, D., (May 17, 2008). A Group Based Approach to Psychotherapy Services for Family Health Team Patients referred to a Shared Mental Health Care Team, Presented at the National Conference on Collaborative Mental Health Care, Victoria, British Columbia.

**Cooper, P.M.**, (2006) Addressing Psychological Adjustment Post Brain Injury, Foundations of Brain Injury Rehabilitation Conference, Ottawa, Ontario.

**Corace, Kimberly, Ph.D.** York University; Psychologist, Infectious Diseases, General Campus. **Clinical interests:** HIV/Hepatitis C outpatient care, adjustment to chronic illness, group psychotherapy approaches, health promotion, primary and secondary prevention. **Research interests:** Treatment readiness and adherence, stigma, the role of negative affect in health behaviour change, quality of life, program evaluation.

Balfour, L., Kowal, J., **Corace, K.M.**, Tasca, G.A., Kryszanski, V., Garber, G., & Cooper, C.L. (in press). Increasing public awareness about hepatitis C in Canada: Development and validation of the Brief Hepatitis C Knowledge Scale. *Scandinavian Journal of Caring Sciences*.

**Corace, K.**, Cabrera, C., Overduin, L., Tasca, G.A., Cooper, C., Angel, J., Cameron, D.W., Garber, G., MacPherson, P., & Balfour, L (2008, November). *The compounded stigma experience of PHAs co-infected with Hepatitis C*. Poster session presented at the Ontario HIV Treatment Network Research Conference, Toronto, Ontario.

**Della Malva, Lori, Ph.D.** University of Ottawa; Neuropsychologist, Geriatric Day Hospital, Civic Campus; Locomotor Stream, The Rehabilitation Centre. **Clinical Interests:** Adult Neuropsychology. **Research Interests:** Aging and dementia, multiple sclerosis, traumatic brain injury.

Smith-Walker, L., **Della Malva, L.**, Freedman, M., Tellier, A., & Collins, B. (1999). Stability of subcortical functioning in the early phases of relapsing remitting multiple sclerosis. *Journal of the International Neuropsychological Society*, 5, 96.

**Della Malva, L.**, Stuss, D.T., & D'Alton, J., (1993) Sequencing and the Frontal Lobes. *Neuropsychologia*, 31, 363-372.

**Demidenko, Natasha, Ph.D.** University of Ottawa; Psychologist, Regional Centre for the Treatment of Eating Disorders; General Campus. **Clinical interests:** Eating disorders and interpersonal processes; Attachment and integration of this theory into interventions with eating disorder patients; Mood disorders; Intervention with young adults; Individual and group psychotherapy process. **Research interests:** Eating disorders and comorbid mental health problems; Trauma; Individual and group psychotherapy process and outcome; Adult attachment processes.

Whiffen, V. E., & **Demidenko, N.** (2005). Mood disturbance across the lifespan. In J. Worrell & C. Goodheart (Eds.), *The Handbook of Girls' and Women's Health*. New York: Oxford University Press.

**Demidenko, N.**, Grof, P., Alda, M., Deshauer, D., and Duffy, A. (2004). MMPI as a measure of subthreshold and residual psychopathology among the offspring of lithium responsive and non-responsive bipolar parents. *Bipolar Disorders*, 6, 323-328.

**D'Eon, Joyce, Ph.D.** Concordia University; Chief of Psychology, The Ottawa Hospital; Clinical Researcher, Institute for Rehabilitation Research and Development, The Rehabilitation Centre. **Clinical Interests:** Adaptation to illness and disability, chronic pain rehabilitation, group therapy. **Research Interests:** Psychometric assessment, quality of life, program evaluation, chronic pain.

Harris, C.A., & **D'Eon, J.L.** (2008). Psychometric properties of the Beck Depression Inventory – Second Edition (BDI-II) in Individuals with Chronic Pain. *Pain*, 137, 609-622.

**D'Eon, J.L.**, Harris, C.A., & Ellis, J.A. (2004) Testing factorial validity and gender invariance of the Pain Catastrophizing Scale. *Journal of Behavioural Medicine*, 27, 4, 361-372.

**Ferland, Mark, Ph.D** McGill University; Psychologist, Clinical and Neuropsychology, Clinical Team Leader at the Robin Easey Transitional Living Centre. **Clinical Interests:** Adult neuropsychology, cognitive rehabilitation, acquired brain injury, neuropsychological therapy, adjustment to disability. **Research Interests:** Self-awareness following acquired brain injury, client outcomes following transitional centre treatment.

**Ferland M.B.**, Lamothe, D., Marshall, S., Pare, N.,: In Search of a Better Outcome Measure: Comparison of The Mayo Portland Adaptability Inventory (MPAI ) with the Functional Independence Measure (FIM) for use in an Inpatient Acquired Brain Injury Program. Poster presentation at the Rehabilitation Network of Ottawa Carleton Conference, Ottawa, Ontario March 2003

**Ferland, M. B.**, Ramsay, J., Engeland, C., O'Hara, P. (1998) Comparison of the Performance of Normal Individuals and Survivors of Traumatic Brain Injury on Repeat Administrations of the Wisconsin Card Sorting Test, *Journal of Clinical and Experimental Neuropsychology*, Vol. 20, No 4, pp. 473-482

**Harris, Cheryl, Ph.D.** University of Ottawa; Psychologist; Psychosocial Oncology, General Campus. **Clinical Interests:** adjustment to chronic/terminal illness; psychodiagnostic assessment; individual, couple, and group intervention. **Research Interests:** psychometrics, program evaluation, chronic pain following cancer treatment, insomnia in individuals with cancer.

**Harris, C. A.**, & D'Eon, J. L. (2008). Psychometric properties of the Beck Depression Inventory – Second Edition (BDI-II) in individuals with chronic pain. *Pain*, 137, 609-622.

Vincent, N., **Harris, C. A.**, & Corne, S. (2008). Insomnia due to inadequate sleep hygiene: Impact on multiple areas of health. In J. W. Winkelman, J. H. Henderson, S. Kotagal, T. L. Lee-Chiong, K. L. Lichstein, B. J. Murray, & C. H. Schenck (Eds.), *Case book of sleep medicine – A learning companion to the International Classification of Sleep Disorders, 2<sup>nd</sup> ed. Diagnostic and Coding Manual* (pp. 47-51). Westchester, IL: American Academy of Sleep Medicine.

**Henderson, Peter, Ph.D.** University of Calgary; Psychology Professional Practice Leader, The Ottawa Hospital Rehabilitation Centre; Psychologist, Locomotor Care Stream, Respiratory & Chronic Pain. **Clinical Interests:** Anxiety, respiratory illness and disability; Chronic Pain and adjustment to disability; Training, supervision and mentorship; Professional Practice, leadership in Psychology. **Research Interests:** Adjustment processes, role change and adaptation.

Kowal, J., Wilson, K. G., Corace, K, **Henderson, P.R.** & D'Eon, J.L. Patients' and clinicians' global ratings of change following interdisciplinary treatment for chronic pain, *Journal of Pain Management*, in press.

Toal-Sullivan, D. & **Henderson, P.R.**, (2004) Client-oriented role evaluation, (CORE): The development of a Rehabilitation Psychology instrument to assess role change associated with disability, *American Journal of Occupational Therapy*, 58, 211-220.

**Kowal, John, Ph.D.** University of Ottawa; Psychologist; Locomotor Care Stream, Chronic Pain, The Rehabilitation Centre. **Clinical Interests:** Chronic pain, adjustment to disability and chronic illness, acceptance, attachment, psychotherapy process, behaviour change, positive psychology. **Research Interests:** Adult attachment, chronic pain, program evaluation, behaviour change, quality of life, burden, treatment outcomes.

**Kowal, J.,** Wilson, K. G., Corace, K., Henderson, P. R., & D'Eon, J. L. (in press). Patients' and Clinicians' Global Ratings of Change Following Interdisciplinary Treatment for Chronic Pain. *Journal of Pain Management*.

**Kowal, J.,** Overduin, L., Balfour, L., Tasca, G. A., Corace, K., & Cameron, D. W. (2008). The Role of Psychological and Behavioral Variables in Quality of Life and the Experience of Bodily Pain Among Persons Living with HIV. *Journal of Pain and Symptom Management*, 36, 247-258.

**Leclerc Charles, Ph.D.** Universite de Montréal; Co-ordinator of the Neuropsychology Internship, Neuropsychologist on the Acquired Brain Injury Stream, The Rehabilitation Centre. **Clinical Interests:** ABI and Stroke Rehabilitation, Cognitive Rehabilitation, Living with stroke, Community re-integration. **Research Interests:** Cerebral plasticity, neuropsychological testing and driving, caregivers and adjustment.

**Leclerc, C.,** Segalowitz, S.J., Desjardins, J., Lassonde, M., Lepore, F. (2005). EEG Coherence in early-blind individuals during sound localization. *Neuroscience Letters*, 376, 154-159.

Patrick, L., Perugini, M, & **Leclerc, C.** (2002): Neuropsychological assessment and competency for independent living among geriatric patients. *Topics in Geriatric Rehabilitation*, 17, 67-79.

**Lefebvre, Monique, Ph.D.** University of Ottawa; Psychologist; Gynaecologic Oncology, General Campus. **Clinical Interests:** Health psychology and cancer, living with a terminal illness, group psychotherapy for chronic health problems. **Research Interests:** Components of patient adjustment, chemotherapy and quality of life, chemotherapy and sexuality, development of norms for gynecologic oncology populations.

**M. Lefebvre,** K. Ritchie, L. Walker, I Valdivia, & M. Fung Kee Fung (2006). *The cognitive and psychosocial impact of chemotherapy on ovarian cancer patients*. Presented at the 3rd National Conference on Ovarian Cancer Research, Vancouver, B.C.

**Lefebvre, M.M.,** Ritchie, K., Smith-Walker, L., & Valdivia, I. (June 2005). *The cognitive and psychological impact of chemotherapy in gynaecologic oncology patients: A pilot project*. Poster presentation to the 66<sup>th</sup> Canadian Psychological Association Annual Convention, Montreal, Canada.

**Marino, Josie, M.A.** Carleton University; Psychological Associate; Locomotor Stream, Muskuloskeletal Rehabilitation Team, The Rehabilitation Centre. **Clinical Interests:** Psychological impact of trauma (e.g., motor vehicle accident, occupational injuries resulting in limb amputation, life threatening illness), psychological consultation to multidisciplinary teams, chronic pain. **Research Interests:** Quality improvement activities, e.g., monitoring clinical treatment outcomes in the rehabilitation population.

Dealberto M-J, **Marino J**, Bourgon L. Homicidal Ideation with Intent during a Manic Episode Triggered by Antidepressant Medication in a Man with Brain Injury. *Bipolar Disord* 2008; 10: 111-113.

**Mendella, Paul D., Ph.D.** Dalhousie University; Neuropsychologist“On Track” – the Champlain District Regional First Episode Psychosis Program (CDRFEPP), The Bank Street Office. **Clinical Interests:** Cognitive functioning in traumatic brain injury, multiple sclerosis, and schizophrenia; remediation of cognitive deficits in schizophrenia; psychotherapy in acquired brain injury and schizophrenia. **Research Interests:** Cognitive functioning in multiple sclerosis and schizophrenia; remediation of cognitive deficits in schizophrenia; the role of effort testing in neuropsychological assessment; animal models of psychiatric disorders.

Hebb, A. L. O., Anger, G. J., **Mendella, P. D.**, Sirois, F., Gilbert, R. W., Zacharko, R. M. (2007). The myth of panic spontaneity: Consideration of behavioral and neurochemical sensitization. *The Open Psychiatry Journal*, 1, 1-24.

**Mendella, P.D.**, & McFadden, L. (2005). Personality Assessment Inventory (PAI) Profiles in Cases of No Detectable Brain Injury, Mild Brain Injury, and Severe Brain Injury. Poster to be presented at the annual meeting of the National Academy of Neuropsychology, Tampa Bay, U.S.A.

**Morrison, Laurie, M.A.** Carleton University; Psychometrist; General Campus. **Clinical Interests:** Dementia, memory disorders; traumatic brain injury. **Research Interests:** Longitudinal study of neuropsychological deficits in HIV/AIDS patients; dementia; normative data for French-speaking patients, Neuropsychological impairment in mild head injury.

**Morrison, L.E.**, & Tombaugh, T.N. (2000). *An Evaluation of the Equivalence of Two Word Learning Tests With Younger and Older Adults and with Memory-Intact and Memory-Impaired Elderly Volunteers*. Poster presentation to the 20th Annual National Academy of Neuropsychology Conference, Orlando.

Kurzman, D., Sarazin, F.F-A., **Morrison, L.**, Hawley-Foss, N., & Cameron, D.W., (1997). *Longitudinal effects of HIV on memory and attention*. Presented at 7th Annual Rotman Research Institute Conference, Toronto, Ontario.

**Overduin, Lorraine**, Psy.D. Indiana State University. Psychologist for Inpatient Psychiatry, Civic Campus. **Clinical Interests:** Psychological assessment and treatment in inpatient and outpatient populations; individual and group psychotherapy; health psychology; adjustment to long-term illness and disability. **Research Interests:** chronic pain, psychosocial correlates of pain, patient needs assessments, interdisciplinary team functioning.

Kowal, J., **Overduin, L.**, Balfour, L., Tasca, G. A., Corace, K., & Cameron, D. W. (in press). The Role of Psychological and Behavioral Variables in Quality of Life and the Experience of Bodily Pain Among Persons Living with HIV. *Journal of Pain and Symptom Management*.

Boothby, J.L., Thorn, B., **Overduin, L.Y.**, & Ward, C. (2004). Catastrophizing and spouse responses to pain. *Pain*, 109, 500-506.

**Perugini, Mary**, Ph.D. University of Ottawa; Neuropsychologist; Neuropsychology & Rehabilitation; Neurocognitive Care Stream (Post-acute ABI Service) and Locomotor Care Stream (Outpatient Outreach Team), The Rehabilitation Centre. **Clinical Interests:** ABI and cognitive rehabilitation; adaptation to disability; brief psychotherapeutic interventions. **Research Interests:** chronic neuropathic pain in spinal cord injury, traumatic brain injury, and ecological validity of neuropsychological measures.

Patrick, L., Leclerc, C., & **Perugini, M.** (2003): Is rehabilitation neuropsychology evidence-based? Insights from a CQI perspective. *Topics in Geriatric Rehabilitation*, 19, 160-168.

Patrick, L., **Perugini, M.**, & Leclerc, C. (2002): Neuropsychological assessment and competency for independent living among geriatric patients. *Topics in Geriatric Rehabilitation*, 17, 67-79.

**Petersen, Erik**, Ph.D. Simon Fraser University, Psychologist; Neuromuscular Stream, Stroke Service, The Rehabilitation Centre. **Clinical Interests:** Psychological adaptation in stroke and spinal disorder. **Research Interests:** Anger in the process of adjustment to disability and chronic illness, chronic pain.

D'Eon, J.L., **Petersen, E.**, Wilson, K.G., & Baldwin, H. (2004). *Development and evaluation of the Pain History Questionnaire*. Poster, American and Canadian Pain Society, Vancouver, BC.

Wilson, K.G., **Petersen, E.**, Montuoro, L., & Robert, R. (1997). Reliable individual change in a cognitive-behavioural therapy group for chronic pain, *The Canadian Health Psychologist*, 5, 46-47.

**Pontefract, Amanda, Ph.D.** University of Ottawa, Psychologist; Neuromuscular Stream, The Rehabilitation Centre. **Clinical Interests:** Psychological assessment, adjustment to physical disabilities and chronic illness, impact of emotional disorders on the rehabilitative process, group therapy. **Research Interests:** Stress and coping, adjustment to physical disability and chronic illness, readiness for discharge

Currie, S.R., Wilson, K.G., **Pontefract, A.J.** & DeLaplante, L. (2000). Cognitive-Behavioural treatment of insomnia secondary to chronic pain. *Journal of Consulting and Clinical Psychology*, 37, 407-416.

Welburn, K., Dagg, P., Corstine, M., & **Pontefract, A.** (2000). Schematic change as a result of an intensive group-therapy day-treatment program. *Psychotherapy: Theory, Research, Practice, Training*. 37, 189-195

**Rees, Laura, Ph.D.**, Carleton University; Neuropsychologist; Neuropsychology & Rehabilitation, Clinical Leader, Neurocognitive Stream, Behavioural Rehabilitation Service (ABI Program), The Rehabilitation Centre. **Clinical Interests:** Neurobehavioural disorders (assessment and treatment), cognitive and neuropsychological rehabilitation/intervention, acquired brain injury, memory disorders, driving ability after injury. **Research Interests:** Speed of information processing, malingering, test development, cognitive functioning following ABI.

Tombaugh, T.N., & **Rees, L.** (2008). Computerized Test of Information Processing (CTIP). Multi-health System, Inc. Toronto.

**Rees, L.**, Marshall, S., Hatridge, C., Mackie, D., Weiser, M. (2007). Cognitive Interventions post acquired brain injury. *Brain Injury*, 21(2), 161-200.

**Ritchie, Kerri, Ph.D.** University of New Brunswick; Psychologist; Maternal Fetal Medicine, General Campus. Co-Director of Training, The Ottawa Hospital **Clinical Interests:** Obstetrical and Health Psychology, Trauma and Personality Disorders, Psychological Assessment, Individual Long Term Therapy. **Research Interests:** Attachment and psychotherapy outcome, disease processes, and curriculum development within OBS/GYN post graduate training.

**Ritchie, K & Tasca, George.** (2008, November). Unravelling how to Gain Control: The Psychology of Obesity. Invited Presentation at the Annual Perinatal Investigator's Meeting. Kingston, Ontario.

Dorval, V., **Ritchie, K.**, & Gruslin, A, (2007). Screening HIV in pregnancy: A survey of prenatal care patients. *Canadian Journal of Public Health*, 98, 379-382.

**Robert, Renée, M.Ed.** McGill University; Psychometrist; Locomotor Stream, Outpatient & Outreach Service, The Rehabilitation Centre. **Clinical Interests:** Group Psychotherapy, coping with disability, chronic pain, assertiveness training. **Research Interests:** Communication skills, short-term group therapy in rehabilitation.

Wilson, K.G., Petersen, E, Montuoro, L., & **Robert, R.** (1997). Reliable individual change in a cognitive-behavioural therapy group for chronic pain, *The Canadian Health Psychologist*, 5, 46-47.

**Robert, R.** et al. (September 1988) *Workshop development considerations in the sexual adjustment of spinal cord injured patients*. Inter-Urban Spinal Cord Conference, Ottawa, Ontario.

**Sarazin, Francine, Ph.D.** University of Victoria; Neuropsychologist; Neuropsychology Service, Vice-Chair of The Ottawa Hospital Research Ethics Board, & Designated Capacity Assessor (Ministry of the Attorney General). **Clinical Interests:** Capacity/competency assessments, neuropsychological sequelae of complex endocrine syndromes and HIV/AIDS patients, differential diagnosis of dementias, and fronto-temporal degeneration. **Research Interests:** Longitudinal study of neuropsychological deficits in HIV/AIDS patients, epidemiology of capacity, case studies in medical neuropsychology, and normative data for French speaking patients.

De Alberto, M.J. & **Sarazin, F.F.** (2008) Valproate-induced hyperammonemic encephalopathy without cognitive sequelae: A case report in the psychiatric setting. *The Journal of Neuropsychiatry and Clinical Neurosciences*, 20(3): 369-371.

**Sarazin, F.F.** & Touchie, C. (2008). Chronic severe executive and neurobehavioral dysfunction post recovery from hypothyroidism: A longterm follow-up case study. *Journal of the International Neuropsychological Society*, 14 (S1), 190.

**Shimoon, Nesrine, Ph.D. University of Ottawa.** Neuropsychologist/Rehabilitation Psychologist; The Ottawa Hospital Rehabilitation Centre; Neuromuscular Service. **Clinical Interests:** Neuropsychological assessment and interventions. **Research Interests:** Impact of cognition on physical rehabilitation; Psychometrics; Glucose regulation and Cognition.

Collins, B., & **Awad, N.** (2006). Neurotoxic effects of chemotherapy: Overcoming assumptions about the causality of cognitive changes. *Innovations in Breast Cancer Care*, 4 (2), 7-8.

**Awad, N.,** Gagnon, M., & Messier, C. (2004). The relationship between Impaired Glucose Tolerance, Type 2 diabetes, and cognitive function. *Journal of Clinical and Experimental Neuropsychology*, 26 (8), 1044 - 1080.

**Tasca, George, Ph.D.** University of Saskatchewan; Psychologist; Research Director, Eating Disorders Program, The Ottawa Hospital, Associate Professor, Psychiatry, University of Ottawa. **Clinical Interests:** Eating disorders, psychotherapeutic process (individual and group), psychological assessment. **Research Interests:** Individual and group psychotherapy process and outcome, eating disorders, psychometrics, multilevel modeling, adult attachment, psychological factors and immunodeficiency.

**Tasca, G.A.,** Illing, V., Balfour, L., Krysaniski, V., Demidenko, N., Nowakowski, J., & Bissada, H. (2009). Psychometric properties of self-monitoring of eating disorder urges among treatment seeking women: Ecological momentary assessment using a daily diary method. *Eating Behaviors, 10*, 59-61.

**Tasca, G.A.,** Balfour, L., Ritchie, K., & Bissada, H. (2007). The relationship between attachment scales and group therapy alliance growth differs by treatment type for women with Binge Eating Disorder. *Group Dynamics: Theory, Research and Practice, 11*, 1-14.

**Tellier, Andrée, Ph.D.** University of Windsor; Neuropsychologist, Civic Campus. **Clinical Interests:** Capacity assessments (designated capacity assessor under the Ministry of the Attorney General of Ontario), traumatic brain injury, dementia and multiple sclerosis. **Research Interests:** Neuropsychological functioning and psychosocial adjustment of traumatic brain injured adults.

McHugh, T., **Tellier, A.,** Marshall, S., Wilson, K., Smith, A., Perugini, M. & Stiell, I. (February 2009). Predictive value of the Neurobehavioural Functioning Inventory in mild traumatic brain injury: A front-line measure to identify those in need of intervention (abstract). Proceedings of the 37<sup>th</sup> Annual Meeting of the International Neuropsychological Society, 15(Suppl. 1), 75.

**Tellier, A.,** Marshall, S.C., Wilson, K.G., Smith, A. M., Perugini, M., Garber, B., Stiell, I.G., Coyle, D.A., & O'Rourke, K. (Feb. 2006). Mild traumatic brain injury: How heterogeneous is it (abstract)? Proceedings of the 34<sup>th</sup> Annual Meeting of the International Neuropsychological Society, 218. Boston, Massachusetts.

**Tulloch, Heather, Ph.D.,** Psychologist ; Prevention and Rehabilitation Centre, University of Ottawa Heart Institute. **Clinical Interests:** Clinical Health and Rehabilitation Psychology, Psychocardiology, behavioural medicine and individual, couples and group therapy. **Research interests:** Health behaviour change, mood disorders and cardiovascular disease, program evaluation.

**Tulloch, H.,** Fortier, M. & Hogg, W. (2006). Physical activity counselling in primary care: Who has and who should counsel? *Patient Education and Counselling, 64*, 6-20.

**Tulloch, H.,** Reid, R., Slovynec, M., Plotnikoff, R., Morrin, L. Beaton, L., Papadakis, S. & Pipe, A. (in press). Predicting short and long-term exercise intentions and behaviour in patients with coronary artery disease: A test of Protection Motivation Theory. *Psychology and Health*

**Valdivia, Ivan, Ph.D.**, Dalhousie University [2005]; Psychologist, Sleep Disorders Clinic & Inpatient Psychiatry, General Campus. **Clinical Interests:** Assessment and treatment of sleep disorders such as insomnia and excessive daytime sleepiness; health-related behavior change, cognitive-behavior therapy, motivational interviewing, mood and anxiety disorders; inpatient assessment. **Research Interests:** Vulnerability models, program evaluation, CBT for Insomnia, outcome studies for individual psychotherapy.

McGlone, J., **Valdivia, I.**, Penner, M., Williams, J., Sadler, R.M., & Clarke, D. B. (in press). Quality of life and memory after vagus nerve stimulator implantation for epilepsy. The Canadian Journal of Neurological Sciences, 35.

**Valdivia, I.**, & Stewart, S. H. (2005). A re-examination of the factor structure of the Comprehensive Effects of Alcohol Questionnaire (CEAQ) and its relation to drinking behavior. Cognitive Behavior Therapy, 34, 22-33.

**Van Esbroeck, Agnes, B.Sc.** University of Ottawa; Psychometrist, Neuropsychology, The Rehabilitation Centre. **Clinical Interests :** Achievement, Neuropsychological, Personality and Vocational Assessment. **Research Interests:** Program Evaluation (Chronic Pain); neuropsychological research (cognitive abilities with respect to driving a motor vehicle).

**Walker, Lisa, Ph.D.** University of Windsor; Neuropsychologist; General Campus. **Clinical Interests:** Multiple sclerosis, stroke, traumatic brain injury, and neuropsychological complications of medical illness. **Research Interests:** Multiple sclerosis, stroke.

Smith, A. M., **Walker, L.**, Freedman, M. S., DeMeulemeester, C., & Hogan, M. (2009). fMRI investigation of disinhibition in cognitively impaired patients with multiple sclerosis. Journal of the Neurological Sciences. Journal of the Neurological Sciences, 281, 58-63. Published on-line (doi:10.1016/j.jns.2009.02.366).

**Walker, L.** & DeMeulemeester, C. (2008). Spontaneous intracranial hypotension masquerading as frontotemporal dementia. The Clinical Neuropsychologist, 22, 1035-1053.

**Wilson, Keith, Ph.D.** State University of New York at Buffalo; Psychologist; Locomotor Stream, Outpatient and Outreach Service, Clinical Researcher, Institute for Rehabilitation Research and Development, The Ottawa Hospital Rehabilitation Centre. **Clinical Interests:** Chronic pain, individual psychotherapy, insomnia, end-of-life care. **Research Interests:** Chronic pain, insomnia, palliative care, program evaluation.

**Wilson, K.G.**, Lander M., & Chochinov, H.M. (2009). Diagnosis and management of depression in palliative care. In H.M. Chochinov & W. Breitbart (eds.). *Handbook of Psychiatry in Palliative Medicine*, (2<sup>nd</sup> ed.). New York: Oxford University Press. (pp. 39-68).

LeMay, K., & **Wilson, K.G.** (2008). Treatment of existential distress in life-threatening illness: a review of manualized interventions. Clinical Psychology Review, 28, 472-493.

## APPENDIX 1

## Example Schedule in the Mental Health 6-Month Rotation

	Monday	Tuesday	Wednesday	Thursday	Friday
8am			<b>Joint Education Session</b> (8:30 – 9:30 once or twice per month)		<b>Supervision</b> Eating Disorder Program 8:30 – 9:15
9am	<b>Staff Meeting</b> (once per month)	<b>Eating Disorders Program: Consultation/Assessment</b>	<b>Long-Term Individual Therapy</b>	<b>Comprehensive Assessments and/or Research</b>	<b>Eating Disorder Program: Team Assessment</b>
11am	<b>Training Director Meeting</b> (once per month)		<b>Eating Disorder Program: Community Group</b>		
12pm	<b>Seminar</b> (September to December)				
1pm	<b>Consultation Liaison (Optional)</b>	<b>Long-term Group: Eating Disorder Program Relationship Group</b>			<b>Research and/or Comprehensive Assessments and/or City-wide seminar</b>
2pm		<b>Supervision</b> of long-term group	<b>Eating Disorder Program: Team Meeting and Feedback</b>		
3pm					
4pm					

- This is a schedule for three months in the Mental Health track.
- Additional Supervision times will fit into the schedule as well (e.g., research, comp. assess.)

## APPENDIX 2

### On Track – First Episode

### Eating Disorders

#### Assessment Experience

- Minimum 5 Eating Disorder Diagnostic Assessments
- Minimum 5 Team Assessments

#### Therapy

- Health Attitudes; Relationship Group (Inpatients); EDP outpatient Group

#### Multidisciplinary Experience

- Web feedbacks

#### Supervision (1-2 hours/week)

#### Additional Options (based on time and interest)

- Extra group (if available)
- Individual Therapy Case
- Meal supervision weekly

#### Assessment Experience

- 2- 3 Comprehensive Psychodiagnostic Assessments (includes training in SCID, PANS, & exposure to Rorschach)

#### Therapy

- One group experience

#### Multidisciplinary experience

- Multidisciplinary rounds

#### Supervision (1-2 hours/week)

#### Additional Options (based on time and interest)

- Neuropsych exposure
- Individual therapy
- Extra Group

### UCC/Inpatient (Civic campus)

#### Assessment and Therapy Experience

- 4-5 Comprehensive Psychodiagnostic Assessments
  - Individual Therapy Cases (2-4)
- OR
- 3 Comprehensive Assessments
  - DBT group (exposure only)
  - Individual case (2-4)

#### Multidisciplinary Experience

- Inpatient rounds

#### Supervision (1-2 hours/week)

#### Additional Options (based on time and interest)

- Consultation Liaison Case

Drs Overduin & Alex

### SHARE/Inpatients (General campus)

#### Assessment Experience and Therapy

- 2 - 3 Psychodiagnostic Assessments (Psychiatry)
- 2 - 3 Psychodiagnostic Assessments (Shared Care)
- Group: Emotional Wellness for Anxiety/Depression or Coping with a Chronic Illness (CBT)
- 1 Individual Therapy Cases (Shared Care)

OR

- 2 - 3 Psychodiagnostic Assessments (Psychiatry)
- 3 - 4 Psychodiagnostic Assessments (Shared Care)
- 3 - 4 Individual Therapy Cases (Shared Care)

#### Multidisciplinary Experience

- Feedback to health team and Share team

OR

- Consultation Liaison Rounds with Psychiatry

#### Supervision (1-2 hours /week)

#### Additional Options (based on time and interest)

## APPENDIX 3

### Long Term groups

Group Name	Supervisor	Language	Clientele	Theoretical Orientation	Open/Closed	Tx Duration
IPT group	Dr. M Lefebvre	French	Health + mental health	IPT with CBT underpinnings	Open	6 – 12 months
CBT (EDP)	Dr. Demidenko	English	Eating disorders	CBT/psycho-education	Closed	13 weeks
Interpersonal (Relationship) group EDP	Dr. Demidenko	English	Eating disorders	Interpersonal/psychodynamic	Open	On-going
Relationship Group ED Day Hospital	Dr. G. Tasca	English	Eating Disorders	Interpersonal/ Psychodynamic	Rolling group (open) as part of a Day Hospital	Ongoing
Relationship Group (EDP)	Vacant	English	Eating Disorders Inpatients	Process Group	Rolling group (open)	Ongoing
Long term Interpersonal Process HIV group	Dr. L. Balfour	English	HIV positive men & women	Interpersonal process	Closed (5-8 group members)	6 months
Adjustment Group	Dr. M. Ferland	English	ABI Rehab	IPT with CBP underpinnings	Open	Ongoing

## APPENDIX 4

### Resident Research Timeline

